

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES STATE PUBLIC HEALTH LABORATORY BREATH ALCOHOL PROGRAM

RECEIVED

By Carol Day at 12:11 pm, Jun 25, 2014

REPORT #3

INTOX EC/IR II MAINTENANCE REPORT his report at the time of the regular monthly preventive maintenance check (not to exceed

days) Complete this manage when are		• •	•		
days). Complete this report whenever into service. Retain the original				-	
INTOX EC/IR II SN	NAME OF AGENCY	III 15 days to the	DATE OF INSPECTION		
12830	Raymore Police I	Dent	06/20/2014		
LOCATION OF INSTRUMENT (STREET AND CITY	, op 0 .	TIME OF INSPECTION			
100 Municipal Cir. Raymore		15:40 CDT			
CHECKLIST: Place a mark in the box	nd to be satisfact		ng within		
established limits. (Write in obse					
before using instrument.				ji	
X DIAGNOSTIC RECORD	•	N			
X BLANK CHECK	X CO2 CHECK				
X FC 1 TEMP	X FLOW CHECK				
X SRC TEMP	X FCB CHECK				
X DET TEMP X CRC COMP CHECK					
X BT TEMP X CRC CAL CHECK					
X STD 2 TEMP		X PRINT TEST			
X ETH CHECK		X IIIIII IBBI			
	ADDO				
BREATH ANALYZER ACCURACY STANDA	ARDS	COMPRESSED FOR	TITANIOT CAG MINUTE		
X SIMULATOR SOLUTION	- 1		HANOL-GAS MIXTU		
		LOT# 14030		DATE 01/20/	2016
X SIMULATOR TEMP (34°C ±0.2°C)		ATOR S/N	SIMULATOR EXP	DATE	
34°C +/2° X CALIBRATION CHECK - (ONLY ONLY)	SD2256	•	04/22/2015		•
Run three tests using a standard solution. All three tests must be within ±5% of the standard value and must have a spread of .005 or less. Mark the box corresponding to the standard solution being used. (PRINTOUT ATTACHED) X 0.10% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE 0.08% STANDARD - MUST READ BETWEEN 0.076% AND 0.084% INCLUSIVE 0.04% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE					
TEST 1 🐨 0.097 g/210L	TEST 2 1 0.097	g/210L	TEST 3 🖙 0.09	8 g/210L	
INDICATE THE NUMBER OF BREATH	L				
INDICATE THE NUMBER OF BREATH	LESIS IN THE FOLLO	WING RANGES SINC	E IRE DASI MAIN	IENANCE REPOR	.1:
REFUSALS 0 004 61	.0509 0	.1014 0	.1519 0	OVER .19	0
LIST ANY NEW PARTS AND DESCRIBE ANY ALT			STORE THE INSTRUMENT	TO OPERATE	<u> </u>
SATISFACTORILY AND WITHIN ESTABLISHED L	IMITS (USE OTHER SIDE 1	IF NECESSARY).			
Maintananga Banaut					3
Maintenance Report		4			•
					•
•	,			ě	
INSPECTING OFFICER					
SIGNATURE B. 200 Hall		PRINT FULL NAME GIACONE, JOSHU	TIA	2	
TYPE II PERMIT NUMBER EXPIRATION DATE		TELEPHONE NUMBER			
240201 04/3	0/2016	(816)331-0530			
RETURN COMPLETED REPORT TO THE:					
Breath Alcohol Program, Missouri Department of Health and Senior Services,					
Southeast District Office, 2875 James Blvd, Poplar Bluff, MO 63901					
,		-			



CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number 14030 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on January 22, 2014, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain 0.1215% (w/vol) ethyl alcohol. The expiration date for this lot number is January 20, 2016 at 11:59 PM.

When used in a calibrated Simulator, operating at 34°C +/- .2°C, this solution will give a breath alcohol analysis instrument reading of 0.100 g/210L +/- 3%.

The alcohol and water used in this solution were free of test interfering substances.

Ted L. Pauley, President GUTH LABORATORIES, INC.

NIST Traceability:

Testing was conducted using Cerilliant Reference Standard lot number FN122211-02 whose values are traceable to NIST.

All balances are calibrated annually by an outside agency using NIST traceable weights. Calibration verification is done prior to each use utilizing NIST traceable weights.



STATE OF MISSOURI

DEPARTMENT OF HEALTH AND SENIOR SERVICES
BREATH ALCOHOL PROGRAM



PERMIT TYPE || JOSHUA B GIACONE

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s):

ALCO-SENSOR IV WITH PRINTER, INTOX EC/IR II

for the determination of the alcoholic content of blood from a sample of expired air. Permit issued under the provisions of sections 577.020 through 577.041, RSMo and 306.111 through 306.119 RSMo.

DATE 4/30/2014	min			
SHOP FIRE PARTY.	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY			
NUMBER 240201	Dail Vasterly			
EXPIRES 4/30/2016	DIRECTOR OF DEPARTMENT OF HEALTH AND SERVICES			

MO 580-0771 (6-10)

LAB-4 (H6-10)



Simulator Calibration Report

This calibration report is to certify the alcohol reference simulator listed below has been examined and tested using standards traceable to the National Institute of Standards and Technology (NIST) in accordance with the standards set by the Missouri Department of Health and Senior Services Rules and Regulations: 19CSR 25-30.051 (4).

Checked: 4/22/2014 Expires: **04/22/2015**Digital Therm. SN:094948

MSC Tech:DRL Temp:33.97 Agency: Raymore Police Dept

SD 2256

Technician Printed Name:

Technician Signature:

Date:

04/22/2014

Contact: Missouri Safety Center

Breath Alcohol Instrument Training Program

660-543-4834